## Miana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-8-07</u>	Address:	175 WATERFALL DR.	
Case #:	24F28419		ELKHART, IN 46514	
County:	ELKHART		·	
Type of Laboratory Seizure (check one)		Seizure Location (cheek all that apply)		
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open · No Structure ☐ Other:	
Ctheck att the   ☐ Lithium   ☐ Red Pho   ☐ Flamma   ☐ Water R   ☐ Anhydroch   ☐ Corrosiv   ☐ Corrosiv	nd: Location (bedroom, kitchen, open aid apply)  //Ammonia Reaction(s): IN VEHICL  osphorous/Iodine Reaction(s):  ible Solvents: IN VEHICLE  teactive Metal (Lithium): IN VEHIC  ous Ammonia:  nloric Acid Gas Generator(s):  //e Base:  tem and location):	<u>E</u>		
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services  This report is to be faxed to the following agencies		☐ Ephedring ☐ Retail/Mo ☐ Other:	Investigative Information  Ephedrinc/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:es that serve the location:	
	nent: ELKHART FIRE	Fax: <u>574</u> -52		
Health Department: <u>ELKHART CO.</u>		Fax: <u>574-87</u>		
	etion Service: <u>N/A</u>	Fax:		
For further is Investigating	nformation regarding this methamphe g Officer: <u>JASON FAULSTICH</u>	stamine laboratory, co Phone <u>1-800-55</u> 2-295	mtact 59	

\*\*\* This form is to be included with the case lile, and a copy sent to the Clandestine Laboratory Team Leader for retention.

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.